



Application for Coverage Under the Statewide General Permit for Biosolids Management

This form may be revised from time to time. Please check with the Ecology regional office in your area to ensure that this is the most recent version. This form is also available on the internet at <http://www.ecy.wa.gov/programs/swfa/biosolids/permitting.html>. If there is insufficient room on the form or you need to provide additional information, please include numbered or lettered attachments and reference them from the appropriate point in the application.

SECTION A: FACILITY INFORMATION

By signing and submitting this application, you are confirming that the facility described below is involved in biosolids/septage treatment/management activities regulated under Chapter 173-308 WAC, and is applying for coverage under the General Permit for Biosolids Management to meet the permit requirements of that rule.

1. Facility Name: _____
2. Facility Address: _____

3. Facility Location: Section: _____ Township: _____ Range: _____ Latitude: _____ Longitude: _____
4. Billing Address: _____

5. Facility Operator: Name/Title: _____
Phone: _____ Fax: _____ Email: _____
6. Primary Contact: Name/Title: _____
Phone: _____ Fax: _____ Email: _____
7. Responsible Official: Name/Title: _____
Phone: _____ Fax: _____ Email: _____
8. Ownership Status:
Name of Owner: _____
☐ Federal
☐ State
☐ Local (county, city, town, village)
☐ Special District
☐ Private
☐ Other: _____
9. Is the facility or any associated management or application site(s) on:
☐ Federal Land
☐ Tribal Land
If either above is checked, explain: _____

10. Facility Type:

- ☐ Sewage Treatment Plant
- ☐ Class I (facilities with industrial pretreatment programs or designated as Class I)
- ☐ Average daily design flow in the maximum month equal to or greater than 1 million gallons per day
- ☐ Serves 10,000 people or more
- ☐ Average daily design flow in the maximum month less than 1 million gallons per day and serves less than 10,000 people
- ☐ Compost Facility
- ☐ Septage Management Facility (facilities engaged in the land application of septage or preparation of septage for the land application)

SPECIAL NOTE FOR SEPTAGE MANAGEMENT FACILITIES: Septage is a type of biosolids. References below to “biosolids” refer specifically to biosolids resulting from specific types of wastewater treatment processes. References below to “biosolids/septage” refer to septage as well. Below you will be asked to provide information on septage managed in dry tons. If you manage septage on a gallon basis, you may convert to dry tons using the following formula: $\text{dry tons} = (\text{gallons} * 8.34 / 2000 * \% \text{ solids})$. If you do not know the percent solids, you may use 2%; thus, 100,000 gallons will be estimated to be 8.34 dry tons.

- ☐ Beneficial Use Facility

11. What is the capacity of your facility?

Sewage treatment plants specify average design flow in the maximum month: _____ million gallons per day

Other facilities specify or estimate capacity (explain if necessary; cite units): _____

12. You must include the following with your permit application:

- ☐ A vicinity map extending one mile around the perimeter of the facility showing the location and means of access.
- ☐ A vicinity map (as described above) for any associated treatment or storage facilities.

SECTION B: PERMIT INFORMATION

1. Water Quality Permits:

- ☐ Clean Water Act
- ☐ National Pollutant Discharge Elimination System Program:
- ☐ Wastewater Discharge—Permit #: _____ Expiration Date: _____
- ☐ Stormwater Permit—Permit #: _____ Expiration Date: _____
- ☐ Dredge or Fill Permit/Section 404—Permit #: _____ Expiration Date: _____
- ☐ Ocean Dumping Permit/Marine Protection, Research, and Sanctuaries Act—Permit #: _____
Expiration Date: _____
- ☐ State Waste Discharge Permit—Permit #: _____ Expiration Date: _____
- ☐ Underground Injection Control Program/Safe Drinking Water Act—Permit #: _____ Expiration
Date: _____
- ☐ Other: _____ Permit #: _____ Expiration Date: _____

2. Other Environmental Permits:

- ☐ Hazardous Waste Management Program/Resource Conservation Recovery Act—Permit #: _____
Expiration Date: _____
- ☐ Clean Air Act:
- ☐ Prevention of Significant Deterioration Program—Permit #: _____ Expiration Date: _____
- ☐ Nonattainment Program—Permit #: _____ Expiration Date: _____
- ☐ National Emission Standards for Hazardous Pollutants Preconstruction—Approval #: _____
Expiration Date: _____
- ☐ Other: _____ Permit #: _____ Expiration Date: _____

3. Local Permits:

Permit Type: _____ Permit #: _____ Expiration Date: _____

Permit Type: _____ Permit #: _____ Expiration Date: _____

SECTION C: FACILITY OPERATIONS

1. Sewage Treatment Facility

a) Pre-treatment

- ☐ Settling basins (grit chambers)
- ☐ Screening
- ☐ Grinding (comminution)
- ☐ Flow equalization
- ☐ Other: _____

b) Activated Sludge

- ☐ Normal activated
- ☐ Fine bubble
- ☐ Pure oxygen activated
- ☐ Sequential batch reactors
- ☐ Rotating biological contactor
- ☐ Oxidation ditch
- ☐ Biolac system
- ☐ Carrousel
- ☐ Other: _____

c) Fixed Film

- ☐ K.S. loaded trickling filters
- ☐ Block media high air
- ☐ Rotating biological contactors
- ☐ Plastic media
- ☐ Ordinary stones
- ☐ Recirculating gravel filters
- ☐ Other: _____

d) Lagoons

- ☐ Without aeration or recirculation
- ☐ Aerated without recirculation
- ☐ Aerated with recirculation
- ☐ Storage following treatment in a Biolac system
- ☐ Other: _____

e) Digestion

- ☐ Aerobic
- ☐ Mixed aerobic/anaerobic
- ☐ Anaerobic
- ☐ Thermophilic
- ☐ Autothermophilic aerobic digestion (ATAD)
- ☐ Other: _____

f) Additional Biosolids Treatment/Management

- ☐ Drying beds
- ☐ Belt-filter presses
- ☐ Centrifuge
- ☐ Composting
- ☐ Bagging
- ☐ Alkaline stabilization
- ☐ Polymer
- ☐ Heat Drying
- ☐ Heat Treatment
- ☐ Irradiation
- ☐ Pasteurization
- ☐ Other: _____

2. Septage Management Facilities

- ☐ Composting
- ☐ Aeration
- ☐ Screening
- ☐ Grinding
- ☐ pH adjustment
- ☐ Other: _____
- ☐ None

3. Discuss any seasonal or operational variations that affect either the quality or the quantity of biosolids/septage that is generated or managed: _____

4. ☐ Attach a diagram detailing the biosolids/septage treatment and handling processes at your facility.

5. Briefly describe how biosolids/septage are processed, managed and/or used by your facility. _____

SECTION D: BIOSOLIDS/SEPTAGE QUANTITY & QUALITY

1. Annual production of biosolids/septage (based on a five-year average): _____ dry tons
2. Amount of biosolids/septage used during last calendar year: _____ dry tons
☐ Actual ☐ Estimated
3. Amount of biosolids/septage maintained in storage: _____ dry tons
☐ Actual ☐ Estimated
4. Do you expect major changes in product quantities generated, used, or stored during the next five years?
☐ Yes ☐ No
If yes, explain: _____

5. If a septage management facility, what types of septage will you handle? (See WAC 173-308-080 for definitions.)
☐ Class I
☐ Class II
☐ Class III
If you checked "Class III", have you received approval from the department or a delegated local health jurisdiction?
☐ Yes ☐ No
If no, explain: _____

6. Typical biosolids analytical results (not applicable to septage unless required by your operations plan or as an additional and more stringent permit condition):
☐ Average calculated from previous year's data
☐ Concentrations based on most recent data
☐ Other: _____

Arsenic	_____ mg/kg	Nitrate Nitrogen	_____ mg/kg
Cadmium	_____ mg/kg	Ammonia Nitrogen	_____ mg/kg
Copper	_____ mg/kg	Total Kjeldahl Nitrogen	_____ mg/kg
Lead	_____ mg/kg	Phosphate	_____ mg/kg
Mercury	_____ mg/kg		
Molybdenum	_____ mg/kg	% Total Solids	_____ %
Nickel	_____ mg/kg	% Volatile Solids (% of total)	_____ % of total
Selenium	_____ mg/kg	pH	_____
Zinc	_____ mg/kg		
7. Indicate pathogen reduction class and alternative employed (see WAC 173-308-170 or WAC 173-308-270 as applicable). **NOTE: All Class A alternatives require sampling and analysis.**
☐ Class A – Alternative 1 *Time and temperature*
☐ Class A – Alternative 2 *Alkaline stabilization*
☐ Class A – Alternative 3 *Process verification*
☐ Class A – Alternative 4 *Batch verification*

- ☐ Class A – Alternative 5 *Process to Further Reduce Pathogens*
- ☐ Composting
 - ☐ Heat drying
 - ☐ Heat treatment
 - ☐ Thermophilic aerobic digestion
 - ☐ Beta ray irradiation
 - ☐ Gamma ray irradiation
 - ☐ Pasteurization
- ☐ Class A – Alternative 6 *Equivalency determination*—explain: _____
-
-

- ☐ Class B – Alternative 1 *Seven samples*
- ☐ Class B – Alternative 2 *Process to Significantly Reduce Pathogens*
- ☐ Aerobic digestion
 - ☐ Air drying
 - ☐ Anaerobic digestion
 - ☐ Composting
 - ☐ Lime stabilization
- ☐ Class B – Alternative 3 *Equivalency determination*—explain: _____
-
-
- ☐ Alkaline stabilization for septage
- ☐ Site management and access restrictions for septage
- ☐ Does not meet pathogen reduction requirements. Explain: _____
-
-

8. Vector attraction reduction achieved by (see WAC 173-308-180, -210(3), -220(3), -230(3), -240(3), or -270(4) as applicable):

- ☐ 38% volatile solids reduction, or
- ☐ Bench test for anaerobically treated biosolids
 - ☐ Bench test for aerobically treated biosolids
- ☐ Aerobic process with SOUR test
- ☐ Aerobic treatment meeting time/temperature
- ☐ pH adjustment
- ☐ 75% or greater solids content for biosolids containing stabilized solids
- ☐ 90% or greater solids content for biosolids containing unstabilized solids
- ☐ Injection below the surface of the ground
- ☐ Incorporation within 6 hours after application
- ☐ Alkaline stabilization for septage
- ☐ Does not meet vector attraction reduction requirements. Explain: _____
-
-

9. When applicable, you must submit the following data from the past two years with your permit application:

- ☐ Biosolids/septage monitoring data.
- ☐ Monitoring data for soils at application site
- ☐ Monitoring data for surface and/or groundwater at application site

10. Do you currently transfer any biosolids/septage to another facility for further treatment? **NOTE: Such facilities include biosolids/septage composting facilities and wastewater treatment facilities.**

☐ Yes ☐ No

If yes, provide the following information as applicable (attach additional sheets if needed):

Name of the Facility: _____

Operator Name/Title: _____

Facility Address: _____

Facility Phone Number: _____

If no, do you wish to hold open the option of transferring biosolids/septage to another facility for further treatment? Ecology encourages holding this option open.

☐ Yes ☐ No

11. Does your facility receive biosolids/septage from another facility or operation?

☐ Yes ☐ No

If yes, provide the following information as applicable (attach additional sheets if needed):

Name of the Facility: _____

Operator Name/Title: _____

Facility Address: _____

Facility Phone Number: _____

If no, do you wish to hold open the possibility of accepting biosolids/septage from other facilities or operations? Ecology encourages holding this option open.

☐ Yes ☐ No

SECTION E: BIOSOLIDS/SEPTAGE BENEFICIALLY USED

1. Biosolids/septage are:

☐ Applied directly to the land.

☐ Sold or given away in:

☐ Bulk

☐ Bags or other containers

☐ Other: _____

2. Do you depend on another party to land apply your biosolids/septage?

☐ Yes

☐ No

If yes, provide the following information as applicable (attach additional sheets if needed):

Name of the Facility: _____

Operator Name/Title: _____

Facility Address: _____

Facility Phone Number: _____

If no, do you wish to hold open the option of utilizing another party to apply your biosolids/septage, including any permitted biosolids beneficial use facilities or septage management facilities? Ecology encourages holding this option open.

☐ Yes

☐ No

3. Indicate land types or management scenarios you use, and the amount of biosolids/septage in each category during the last calendar year:

☐ Bulk to agricultural land _____ dry tons (total for all agricultural land types)

☐ Food crop _____ dry tons (subtotal for agricultural land)

☐ Feed crop _____ dry tons (subtotal for agricultural land; total for feed crops)

☐ Range land _____ dry tons (subtotal for feed crops)

☐ Pasture _____ dry tons (subtotal for feed crops)

☐ Fiber crop _____ dry tons (subtotal for agricultural land)

☐ Bulk to forest land _____ dry tons (total)

☐ Bulk to public contact site _____ dry tons (total)

☐ Bulk to land reclamation site _____ dry tons (total)

☐ Bulk to lawn or home garden _____ dry tons (total)

☐ Sold or given away in a bag or other container _____ dry tons (total)

☐ Bulk sold or given away to another person who prepares for application to the land _____ dry tons (total)

☐ Bulk sold or given away to another person for application to the land _____ dry tons (total)

4. Total sold, given away, or applied to the land during the previous calendar year _____ dry tons (sum of totals listed in 3, above)

SECTION F: TRANSPORTATION

Does your facility transport or contract for the transportation of biosolids/septage?

☐ Yes ☐ No

If yes, submit a copy of a Spill Prevention/Response Plan with this application. **NOTE: If you contract for the transportation of your biosolids/septage, you may submit a copy of your transporter's plan.**

SECTION G: LAND APPLICATION PLANS

1. Are all land application sites currently planned for use for non-exceptional quality (non-EQ) biosolids/septage identified in an attached site specific land application plan (SSLAP)?

☐ Yes ☐ No

If no, are your biosolids/septage managed by a permitted biosolids beneficial use facility or septage management facility with an approved SSLAP?

☐ Yes ☐ No

If no to both above, explain: _____

NOTE: Unless your non-EQ biosolids/septage are being managed by a permitted biosolids beneficial use facility or septage management facility with an approved SSLAP, a SSLAP must be submitted before your biosolids/septage can be land applied. See Appendix 1 for the required content of a SSLAP.

2. Have you secured the right to propose new land application sites for non-EQ biosolids/septage in an attached general land application plan (GLAP)?

☐ Yes ☐ No

NOTE: Unless your non-EQ biosolids/septage will be managed by a permitted biosolids beneficial use facility or septage management facility with an approved GLAP, a GLAP must be submitted to retain the right to propose new land application sites for non-EQ biosolids/septage in the future. Please see Appendix 2 for the required content of a GLAP.

3. If you create exceptional quality (EQ) biosolids/septage and have not submitted a land application plan, have you submitted a management contingency plan with this application addressing how you will manage your biosolids/septage in the event they fail EQ standards.

☐ Yes ☐ No

If no, explain: _____

SECTION H: FACILITY SAMPLING PLAN

Does your facility have a Biosolids/Septage Sampling Plan?

☐ Yes ☐ No ☐ No sampling is done.

If yes, submit a copy with this application.

If no, but sampling is done, explain how your sampling is done: _____

If no sampling is done, please explain: _____

SECTION I: LANDFILL DISPOSAL OF BIOSOLIDS/SEPTAGE

1. Do you currently dispose or do you plan to dispose of any biosolids/septage or sewage sludge in a landfill?

☐ Yes ☐ No

If yes,

- ☐ Disposal is on an emergency basis (less than or equal to 1 year)
☐ Approval for emergency disposal has been provided by the local health jurisdiction(s)
- ☐ Disposal is a temporary management option (greater than 1 year, but less than 5 years)
☐ Approval for emergency disposal has been provided by the local health jurisdiction(s)
☐ A temporary disposal plan has been submitted and approved by the department
- ☐ Disposal is on a long-term basis (greater than 5 years)
☐ Approval for long-term disposal has been provided by the department
☐ Approval for long-term disposal has been provided by the local health jurisdiction(s)
☐ Approval for long-term disposal has been provided in a valid permit issued under Chapter 90.48 RCW or a valid permit issued in accordance with Chapter 173-308 WAC

2. Approximate quantities to be disposed: _____ dry tons

3. If you dispose of biosolids/septage or sewage sludge, provide the following:

Name of the landfill: _____
Landfill Address: _____

SECTION J: SEPA AND PUBLIC NOTICE

1. Has an Environmental Checklist been submitted for purposes of obtaining coverage under this General Permit?

☐ Yes ☐ No

2. Has SEPA been completed for the purpose of obtaining coverage under this General Permit?

☐ Yes ☐ No

If no, explain: _____

3. Are you relying on any previous SEPA actions for the purpose of complying with the SEPA requirements of this permit?

☐ Yes ☐ No

If yes, describe: _____

4. Has SEPA been completed for all application sites identified in this application?

☐ Yes ☐ No

If no, explain: _____

5. Provide a copy of all relevant SEPA threshold determinations. Be sure the date of the determination is provided and the lead agency is identified. If SEPA obligations were met without further formal review (e.g. a note to file), please submit a letter or other document from the SEPA lead official that clearly states that SEPA obligations for the purpose of obtaining coverage under this General Permit have been met.

6. Has public notice been completed for this permit application as required in WAC 173-308-310(11):

☐ Yes ☐ No

If yes, attach copies of the public notice.

If no, explain: _____

SECTION K: ATTACHMENT CHECKLIST

- ☐ Vicinity map extending one mile around the perimeter of the facility showing the location and means of access
- ☐ Vicinity map extending one mile around the perimeter of any associated treatment or storage facilities showing the location and means of access
- ☐ Treatment facility schematic
- ☐ Biosolids/septage monitoring data
- ☐ Monitoring data for soils at application site
- ☐ Monitoring data for surface and/or groundwater at application site
- ☐ Spill prevention/response plan
- ☐ Land application plan(s):
 - ☐ Site specific ☐ General
- ☐ Contingency plan for exceptional quality biosolids/septage
- ☐ Facility biosolids/septage sampling plan
- ☐ Temporary disposal plan
- ☐ Copy(ies) of SEPA determination(s) or notice(s) from SEPA lead official indicating SEPA requirements have been met
- ☐ Copy(ies) of Environmental Checklist(s)
- ☐ Copy(ies) of public notice(s)
- ☐ Other (list all): _____

SECTION L: APPENDICES

The following appendices are included with this application form.

1. Minimum Required Content of Site Specific Land Application Plans
2. Minimum Required Content of General Land Application Plans

SECTION M: CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature: _____ Title: _____ Date: _____

SUBMITTING YOUR PERMIT APPLICATION

- ☐ The original application to the biosolids coordinator at the headquarters office of the Department of Ecology
- ☐ One copy to each regional office of the Department of Ecology where biosolids/septage will be treated or applied to the land
- ☐ One copy to the local health jurisdiction in each county where biosolids/septage will be treated, stored, applied to the land, or disposed in a municipal solid waste landfill unless requested otherwise

**Department of Ecology
Central Regional Office
(509) 575-2490**
15 West Yakima Ave, Ste
200
Yakima, WA 98902
ATTN: Biosolids
Coordinator

**Department of Ecology
Eastern Regional Office
(509) 329-3400**
North 4601 Monroe
Spokane, WA 99205-1295
ATTN: Biosolids
Coordinator

**Department of Ecology
Northwest Regional
Office (425) 649-7000**
3190 – 160th Avenue S.E.
Bellevue, WA 98008-5452
ATTN: Biosolids
Coordinator

**Department of Ecology
Southwest Regional
Office
(360) 407-6300**
PO Box 47775
Olympia, WA 98504-7775
ATTN: Biosolids Coordinator

**Department of Ecology
Headquarters Office
(360) 407-6000**
PO Box 47600
Olympia, WA 98504-7600
ATTN: Biosolids Coordinator

APPENDIX 1: CONTENTS OF SITE SPECIFIC LAND APPLICATION PLANS

A site specific land application plan is required for every site where non-exceptional quality biosolids/septage are applied to the land. A site specific land application plan must provide information necessary to determine if a site is appropriate for land application of biosolids/septage. A site specific land application plan(s) must provide a description of how the site(s) will be managed and, at a minimum, the following information:

- (1) Whether or not it is known or can be determined that biosolids/septage containing pollutants in excess of the values in Table 3 of Appendix 1 of this permit have ever been applied to the site, and if so:
 - The date(s) when the biosolids/septage were applied (if known),
 - The amount of biosolids/septage applied (if known),
 - The concentration of pollutants in the biosolids/septage (if known), and
 - The area(s) of the site to which biosolids/septage were applied (if known).
- (2) A discussion of the types of crops grown or expected to be grown, their intended end use (e.g. pasture grass for a feed crop, corn as a food crop), and the current distribution of crops on the site.
- (3) An explanation of how agronomic rates will be determined during the life of the site along with any currently available calculations. Whenever agronomic rates are determined or conditions change (i.e. a change in crops or agronomic rates) an update of the agronomic rate calculations must be filed with the department.
- (4) Method(s) of application.
- (5) Seasonal and daily timing of biosolids/septage applications.
- (6) Any available data from soils, surface water, or ground water monitoring collected from the site within the last two years, and any proposed new monitoring or continuation of existing monitoring programs.
- (7) The name of the county and water resource inventory area where biosolids/septage will be applied.
- (8) A description of how biosolids/septage will be stored at the site and also addressing related off-site storage.
- (9) Site map(s) showing:
 - The means of access to the facility and location by street address if applicable; a copy of the assessor's plat map(s) with the application area(s) clearly shown or the latitude and longitude of the approximate center of each land application site, and other means of identifying the location as appropriate and available,
 - The number of acres in the site,
 - Location and extent of any wetlands on the site,
 - A topographic relief of the application site and surrounding area,
 - Adjacent properties and uses and their zoning classification,
 - Any seasonal surface water bodies located on the site or perennial surface water bodies within 1/4 mile of the site,
 - The location of any wells within 1/4 mile of the site that are listed in public records or otherwise known to you, whether for domestic, irrigation, or other purposes,
 - The width of buffer zones to surface waters, property boundaries and other features requiring buffers,
 - The presence and extent of any threatened or endangered species or related critical habitat,
 - The location of any critical areas on site, as required to be identified under Chapter 36.70A RCW in the county's growth management plan,
 - Any portion of the site that falls within a wellhead protection area,
 - Any portion of the site that falls within an area included under a local Shoreline Master Program, and
 - The location and size of any areas which will be used to store biosolids/septage.
- (10) If the seasonal groundwater is three feet or less below the surface, a management plan describing how you will protect groundwater. For example, your plan may limit applications to the time of year when groundwater is receding to less than three feet and growing vegetation will use the nitrogen in the biosolids/septage.
- (11) A description of how access to the site will be restricted (i.e. signs posted around the site or other approved method of access restriction).
- (12) Written approval of the landowner when bulk biosolids/septage which do not meet standards for exceptional quality biosolids/septage will be applied to the land. See section 8.4(1) of the general permit.

APPENDIX 2: CONTENTS OF GENERAL LAND APPLICATION PLANS

A general land application plan is required when all sites to which non-exceptional quality biosolids/septage may be applied are not identified in a site specific land application plan. A general land application plan, at a minimum, must:

- (1) Describe the geographical area covered by the plan, including the names of all counties and water resource inventory areas where biosolids/septage will be applied.
- (2) Identify site selection criteria.
- (3) Describe how sites will be managed.
- (4) Provide for advance notice to the department or local health department of new or expanded land application sites. The advance notice must be at least 30 days, to allow time for the department (or health department) to object prior to the biosolids/septage applications.
- (5) Provide for advance public notice as specified in WAC 173-308-310(11).

If you require this publication in an alternate format, please contact the Solid Waste & Financial Assistance Program at 360-407-6900 or TTY (for the speech and hearing impaired) at 711 or 800-833-6388.